PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

16068200

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE C			OTHER THAN	
TOTAL CLAIMS			Q.					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			2 minus 20=		• 0			X\$ 9=		OR	34040		
INC	EPENDENT CL	AIMS	(minus 3 =		1	2		X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter						olumn 2	l	TOTAL		OR	TOTAL	748	
CLAIMS AS AMENDED - PART								ŧ		٠.	OTHER	THAN	
(Column 1)			(Column 2) HIGHEST			(Column 3)	<u>.</u>	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	ŀ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 7	Minus			= 7		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MI	Minus		CLAIM	= 0	1	X42=		OR	X84=		
	FIRST FRESE	NIAHON OF MIC	DETIFIEDE	ENDEN	CLAIM		.	+140=		OR	+280=		
	•							TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=		
	independent	*	Minus	***		=		X42=		OR	X84=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	PENDENT	CLAIM		J	+140=		OR	+280=		
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**				X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	▋▐	X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+280=		
** If the entry in column 1 is less than the entry in column 2, write "U" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE													
		ber Previously Pai					er fou	nd in the app	ropriate box	in col	umn 1.		